



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

The Office of Consumer and Family Affairs



Central Valley Latino Conference – Visalia, California “Strengthening the Roots”

SCHOLARSHIP APPLICATION (complete ALL boxes)		
First Name	Last Name	Birthdate
Home Address		Zip Code
Home Phone number	Cell Phone number	Fax number (if applicable)
EMAIL		
Please check one that applies to you <input type="checkbox"/> Client/Consumer <input type="checkbox"/> Family Member (relation)* _____ <input type="checkbox"/> Caregiver*		
*For family member or caregiver, please provide information of relative or client you are providing care to		
*First Name	*Last Name	*Birthdate
Mental Health Clinic Affiliation	Therapist/Case Manager	Telephone number
Eligibility Criteria (please initial first and last name)		
_____ Applicants must be 18 years old or older and willing and able to travel to and from Latino Conference via bus/rail and Amtrak.		
_____ Applicants will not be able to attend another conference outside of LA County with a DMH scholarship for the current fiscal year.		
_____ Applicants must submit a <u>complete</u> scholarship application. Incomplete applications will not be reviewed.		
_____ Applicants must submit a copy of their certificate of completion from any peer related training in order to be considered for a scholarship.		
_____ Applicants must be available for an interview with the Office of Consumer and Family Affairs scholarship committee.		
_____ Applicants must be willing and able to provide information gathered at the conference to peers in both oral and written form after the conference.		
_____ Please identify where and when the information will be shared: _____		

Please email, fax, mail or submit in person completed registration form and payment (if applicable) to:

Hera Patail, MSW
County of Los Angeles Department of Mental Health
The Office of Consumer and Family Affairs
550 S. Vermont Avenue, Suite 502, Los Angeles, CA 90020

FAX: (213) 252-8767
EMAIL: scholarship@dmh.lacounty.gov

For questions on registration and conference please contact: 213-738-3948

FOR OCFA USE ONLY:	
<input type="checkbox"/> Client/Consumer information	
<input type="checkbox"/> Completed application	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Application reviewed by:	
_____	_____
Name	Date

2015 Central Valley Latino Conference – Visalia, California

“Strengthening the Roots”

SCHOLARSHIP ANNOUNCEMENT

You are cordially invited to apply for a scholarship to attend the Central Valley Latino Conference. The Central Valley Latino Conference will be held on August 27 until August 28, 2015, in Visalia, California. Selected applicants will depart for Visalia August 26, 2015. “This 2-day Conference focuses on how Latino families, men, women, teenagers and groups address mental and behavioral health issues. Two General Sessions and 20 Workshops offer topics on Evidence Base Practices, Innovative Solutions, Alternative Treatments and Indigenous Practices.”

The scholarship will cover the registration fee to attend the conference, transportation fees (Bus/rail and Amtrak, shuttle/bus/taxi to the station and hotel), and five meals (two breakfasts, three dinners). Any other expenses incurred to attend the conference will be the responsibility of the participant. You must also complete the Latino Conference registration form.

Your submission is not a guarantee of approval. The Office of Consumer and Family Affairs staff will review all submitted scholarship applications to determine awardees. The last day to submit your application is July 30, 2015. Late applications will not be accepted. We will notify you via phone or email no later than Tuesday, August 4th, 2015 if your application was approved.

Please complete the following questions.

A. Please state how you would benefit from this scholarship.

B. Why are you interested in attending this particular conference?

C. Tell us something about your background (including personal experience, groups you belong to, self-help and advocacy activities you participate in, etc.)

D. If you are selected for the scholarship, how will you share the information you learn at the conference with clients in the community? Name the client groups with whom you will share the information.

E. Have you applied for another scholarship for this conference? NO ___ YES ___

I certify that the above information is accurate and complete, and I understand that I am competing for one of four scholarships to be awarded.

Signature

Date



The Latino Commission

Strengthening the Roots
Central Valley LATINO CONFERENCE
August 27-28, 2015
Visalia Convention Center

For more information go to: www.thelatinocommission.org

Full Name: _____ (First name for badge) _____

Organization: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

CONFERENCE FEES

1. Registration Fee Includes all workshops (two day conference)

Please check appropriate registration fee:

Admission Fee ☐ \$ 100

Buffet Lunch (2 days) ☐ \$30

CEU Certificate Fee ☐ \$20

Total registration fee for options selected: \$ _____

Registrations submitted without payment will NOT be processed.

PAYMENT METHOD

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded.

Checks payable to: Latino Commission.

There will be a \$30.00 fee charged on checks returned by the bank due to insufficient funds.

Registration confirmation/receipt and further information will be emailed.

Please check appropriate box: ☐ Check ☐ VISA ☐ MasterCard

Card #: _____ Expiration Date: _____

Print Cardholder Name: _____

Please mail or fax completed registration form with payment to:

Phone: (559) 859-0211

Sarahi Ovalle or Doren Martin

FAX: (559) 528-4396

Nuevo Comienzo P.O. Box 239

Orosi CA 93647

Email: sarahi.o@thelatinocommission.org

doren.martin@thelatinocommission.org

Do not email credit card information because security cannot be guaranteed. Please fax or telephone credit card information.